

## **Program Funding Opportunities During COVID-19 Pandemic**

### CARES ACT Support for Health Care Providers

On March 27, the House unanimously passed and President signed into law the Coronavirus Aid, Relief, and Economic Security (CARES) Act, a \$2 trillion economic stimulus law intended to provide immediate relief for individuals, nonprofits, businesses, and state and local governments. The CARES Act is the third law enacted in response to the COVID-19 pandemic. Below are details of the bill's allocations that are most significant to our Providers regarding support for programs and services.

#### **Section 3715 – Providing home and community-based services in acute care hospitals.**

Acute care hospitals will not be prohibited from providing home and community-based services in acute care hospitals during the emergency period so long as such services are identified in a patient's care plan, provided to meet the needs of the of the patient not already met by the receipt of hospital services, not offered as a substitute for hospital services, and designed to ensure a smooth transition between acute care and home and community based settings.

#### **Section 3716 – Clarification regarding uninsured individuals.**

Access to care and coverage related to COVID-19 under the Families First Coronavirus Response Act will be expanded to include several categories of individuals, including individuals who reside in a state that does not make medical assistance available and individuals who are enrolled in a federal program, but whose plan does not have "minimum essential coverage" as that term is defined in the Internal Revenue Code, Section 5000A(f)(1).

#### **Section 3814 – Extension and expansion of Community Mental Health Services.**

The program as provided under Section 223(d) of the Protecting Access to Medicare Act of 2014 (42 U.S.C. 1396a), originally set to expire on May 22, 2020, is extended out to November 30, 2020.

This section further compels the Secretary, no later than 6 months after the enactment of the law, to select two states to participate in a two-year demonstration program. The section further sets forth provisions for the selection of states and requirements of states selected to participate. No later than 18 months after the enactment of the law, the Comptroller General shall submit a report to the House and Senate describing the demonstration program, including information on state's experiences, information on federal efforts to evaluate the demonstration program, and recommendations for improving reporting, accuracy, and validity of encounter data.

**Senate announces new appropriations: Full details on how the funds will be distributed are not yet available.**

**Substance Abuse and Mental Health Services Administration (\$425 million):** Funds are provided to address mental health and substance use disorders as a result of the coronavirus pandemic.

- Certified Community Behavioral Health Clinics: \$250 million to increase access to mental health care services.
- Suicide Prevention: \$50 million to provide increased support for those most in need of intervention.
- SAMHSA Emergency Response Grants: \$100 million in flexible funding to address mental health, substance use disorders, and provide resources to the homeless during the pandemic.

**Public Health and Social Services Emergency Fund (\$100 billion):** Designated for direct aid to health care institutions on the front line of the crisis – direct service Behavioral Health Providers likely eligible for this, at the discretion of the HHS Secretary.

**Distance Learning, Telemedicine, and Broadband Program:** \$25 million to improve distance learning and telemedicine in rural America. Includes additional \$100 million funds to increase broadband access.

This notice announces the opportunity to apply for funding under the Telehealth Network Grant Program (TNGP). This NOFA is an appropriation made prior to the CARES Act.

1. The Title VII of the Public Health Service Act (42 U.S.C. 292 et seq.) [42 U.S.C. 254c-14 - Telehealth network and telehealth resource centers grant programs](#)
2. Additional expert resource for telehealth: <https://www.telehealthresourcecenter.org/>
3. Grant Opportunity for rural providers: <https://www.hrsa.gov/grants/find-funding/hrsa-20-036>

The funding opportunity is aimed towards promoting rural Tele-emergency services with an emphasis on tele-stroke, tele-behavioral health, and Tele-Emergency Medical Services (Tele-EMS). This will be achieved by enhancing telehealth networks to deliver 24-hour Emergency Department (ED) consultation services via telehealth to rural providers without emergency care specialists.

Tele-emergency is defined as “an electronic, two-way, audio/visual communication service between a central emergency healthcare center (Tele-emergency hub) and a distant hospital emergency department (ED) (remote ED) designed to provide real-time emergency care consultation.”<sup>1</sup> These services may include assessment of patients upon admission to the ED, interpretation of patient symptoms and clinical tests or data, supervision of providers administering treatment or pharmaceuticals, or coordination of patient transfer from the local ED.

The overarching goals for the Telehealth Network Grant Program are to:

- Expand access to, coordinate, and improve the quality of health care services; and
- Improve and expand the training of health care providers; and
- Expand and improve the quality of health information available to health care providers, and patients and their families, for decision-making.

Funding Opportunity Title:	Telehealth Network Grant Program
Funding Opportunity Number:	HRSA-20-036
Due Date for Applications:	June 15, 2020
Anticipated Total Annual Available FY 2020 Funding:	\$8,700,000
Estimated Number and Type of Awards:	Up to 29 grants
Estimated Award Amount:	Up to \$300,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
<a href="#">Period of Performance:</a>	September 1, 2020 through August 31, 2024 (4 years)
Eligible Applicants:	Eligible applicants include public and private non-profit entities, including faith-based and community organizations, as well as federally-recognized Indian tribal governments and organizations.  See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.